WESTERN NEW MEXICO UNIVERSITY  
Degree Plan - Master of Occupational Therapy (5204)  
School of Health Sciences & Human Performance  
School of Allied Health

Student Name:  
ID#  
Complete Mailing Address:  
(incl street, city, state, zip)  
Telephone:  
Catalog Authority: 2011-12  
Email Address:  
Advisor:  
Intake Interview Date:  
Date Admitted to Graduate School:  
Date Admitted to MOT Program:  

<table>
<thead>
<tr>
<th>Course(Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
<th>Course(Credits)</th>
<th>Sem/Year</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCTH 500 Occupations</td>
<td>(3)</td>
<td></td>
<td>OCTH 600 Assessmnt/Eval Tools</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>OCTH 501 Theory I</td>
<td>(3)</td>
<td></td>
<td>OCTH 601 Occ Perf/Inf, Chld, Adole</td>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>OCTH 502 Applied Neuroscience</td>
<td>(4)</td>
<td></td>
<td>OCTH 603 Emerging Practice</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>OCTH 503 Occup Perf/Mental Hlth</td>
<td>(5)</td>
<td></td>
<td>OCTH 604 Occ Perf/Adult, Geriatrc</td>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>OCTH 504 Research I</td>
<td>(3)</td>
<td></td>
<td>OCTH 605 Evidence Based Practice</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>OCTH 505 Theory II</td>
<td>(3)</td>
<td></td>
<td>OCTH 606 Research II</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>OCTH 511 Leadership &amp; Mgmt</td>
<td>(4)</td>
<td></td>
<td>OCTH 610 Level IIA Fieldwork</td>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OCTH 611 Level IIB Fieldwork</td>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total Credit Hours:  
(minimum of 63 required)

Copy to Registrar on:  
Date:  
Grad. Audit sent on:  
Date:  
Student Signature:  
Date:  
Advisor Signature:  
Date:  
Chair, Dept. of Allied Health:  
Date:  
Assoc VP Academic Affairs/Dir of Graduate Division:  
Date:  

Note: All graduate credit, including transfer credit, must have been earned within the seven years prior to issuance of the graduate degree.